## 4500079738

(Requestor's Name)
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## **COVER LETTER**

	egistration Se ivision of Cor		,			
SUBJECT	· A	MAR	LOGIST	ics LLC		
			Name of Limi	ted Liability Company		
The enclos	ed Articles of	Amendment :	and fee(s) are sub	nitted for filing.		
Please retu	rn all correspo	ndence conce	erning this matter	to the following:		
				Name of Person		
		····		Firm/Company		
				Address		THAR 20
				City/State and Zip Code		<b>~0</b>
For further	information co	oncerning this	E-mail address: (t s matter, please ca	o be used for future annual report	notification)	M 1: 52
ALC	BERTO S		IINO SR	at (301) 900 Area Code Da	- 7378 vtime Telephone Number	
					•	
Enclosed is	s a check for th	e following a	mount;			
\$25.00	Filing Fee		Filing Fee & icate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filin Certificate Certified C (additional co	of Status &
	MAILI	NG ADDRE	SS:	STREET/CO	URIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALMAR LOGISTICS LL			
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company)	ears on our records.) y)		
The Articles of Organization for this Limited Liability Company were filed on Florida document numberL - 15000079738	05/06/2015	_ and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company	here:		
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbre	viation "L.L.G	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			, , , , , , , , , , , , , , , , , , ,
		<b>_</b>	
			72.5
Enter new mailing address, if applicable:		( 20	SE ST
(Mailing address MAY BE A POST OFFICE BOX)		-P	File:
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		Ñ	1
B. If amending the registered agent and/or registered office address	on our records, <u>enter th</u>	e name of	the nev
registered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Torida street address		
	, Florida		
City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

•	If amending A or removed from	uthorized Person(s) authorized to man our records:	age, enter the title, name, and address of each	person being added
	MGR = Man AMBR = Autl	ager norized Member		
	<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00